

**Consumer-Focused, Cost-Effective Long Term Care
for an Age-Friendly Colorado**

A White Paper for Colorado Policy Makers

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Executive Summary

AARP believes, and the public agrees, that Americans who need long term care should have access to affordable and quality services in the setting of their preference. A system that starts with the individual and addresses medical, housing and mobility needs, helps people stay in their homes and communities, and helps prevent the unnecessary use of more costly institutions. A comprehensive person-centered long term care system will serve the needs of individuals and their families, and provide efficiencies in public spending.

This white paper is intended to provide information to Colorado policymakers as they make policy and funding decisions regarding the design and delivery of long term care services in Colorado, and more broadly, in their efforts to create a more vibrant, age-friendly Colorado. The data, research and AARP's policy recommendations in this paper can be summarized as follows:

- The overwhelming majority of Colorado voters want to avoid ever living in a nursing home. If or when they need long term care services, they prefer to stay at home, or in a home-like, community setting.
- Nursing homes are expensive, and becoming more expensive. Total Medicaid expenditures for nursing home care in Colorado grew 11.4 percent from FY 2007 to FY 2010. In 2011, the median annual rate for a semi-private room in a nursing home in Colorado was \$75,190. For more information visit the *Genworth 2012 Cost of Care Survey* at www.genworth.com/content/non_navigable/corporate/about_genworth/industry_expertise/cost_of_care.html and the Medicaid Expenditures for Long-Term Services and Supports: 2011 Update at www.hcbs.org/files/208/10395/2011LTSSExpenditures-final.pdf.
- An array of lower cost alternatives to nursing home care exists for people who need long term care services. Other states are better at making those alternatives more available for their residents than Colorado.
- The State of Colorado can save money by rebalancing our long term care system in the direction that Colorado residents overwhelmingly favor. A national analysis published in 2011 found that the use of home and community based services (HCBS) produced an average annual public expenditure saving of \$57,338 per participant. On average, Medicaid dollars can support nearly three older people and adults with physical disabilities in HCBS for every one person in a nursing home.
- Family caregivers are the backbone of Colorado's long term care system. Providing better and more meaningful supports for family caregivers is essential to the well-being of Colorado's long term care system, our economy, our communities and our families.
- It's time to recognize new opportunities for an age-friendly Colorado.

At this juncture in our state's history, it is important not only that Colorado succeed in the design and delivery of our long term care system, but also that we embrace the opportunity to transcend this singular issue to create a more vibrant, age-friendly Colorado. AARP looks forward to working together with the Colorado General Assembly and Governor Hickenlooper's administration to achieve this great vision for our great state.

Consumer-Focused, Cost Effective Long Term Care for an Age-Friendly Colorado

A White Paper for Colorado Policymakers

Introduction

AARP believes, and the public agrees, that Americans who need long term care should have access to affordable and quality supports and services in the setting of their preference. A system that starts with the individual and addresses medical, housing and mobility needs, helps people stay in their homes and communities, and helps prevent the unnecessary use of more costly institutions.

Perhaps more importantly for Colorado policymakers and taxpayers, a comprehensive, person-centered, long term care system will not only serve the needs of individuals and their families, *but also* provide efficiencies in public spending.

The following guiding principles for the design and delivery of systems of long term care -- also referred to as long term services and supports (LTSS) -- were developed by AARP and are set forth in greater detail in *The Policy Book: AARP Public Policies 2011-2012*, which is available in hardcopy or at www.aarp.org/policybook.

- The design and delivery of long term care services should promote consumer independence, choice, dignity, autonomy, and privacy.
- Long term care programs and services should be easy to access and affordable.
- People who qualify for Medicaid should have a choice between home- and community-based care or nursing home care, and a choice of providers.
- Federal and state governments must ensure delivery of high-quality long term care services.
- Provider payments should be adequate.
- Public long term care services programs should include cost-containment mechanisms.
- The rights of long term care consumers should be protected.
- Services should include in-home assistance, community services, a full range of supportive housing options, institutional care, rehabilitative services and other enabling services, as well as assistive devices and home modifications.
- Long term care systems should give meaningful support to family caregivers.

What Colorado Residents Want

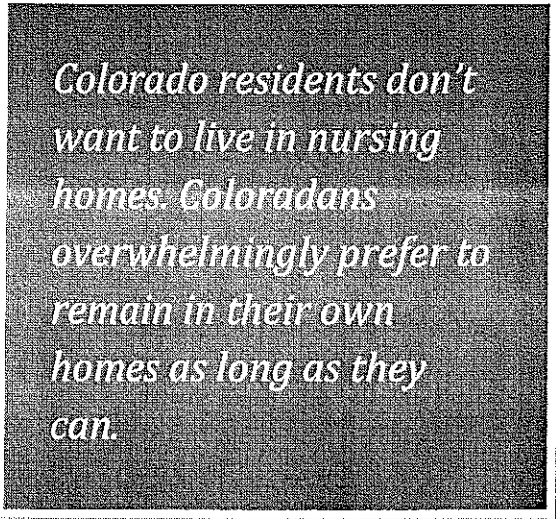
Most people who need long term care services strongly prefer to remain in their homes. When they need or want to move to receive services, people strongly favor assisted living residences or other home-like settings over nursing facilities. Most consumers, regardless of age or disability, want to direct how they receive long-term care services in order to maintain their dignity and maximize their independence.

In an extensive survey conducted in 2009 of Colorado residents age 50 and older, the majority of respondents (89 percent) reported that it is important for them to stay in their homes as long as they can. However, keeping seniors at home and independent is only possible if home care and support services are both available and affordable.

Colorado's older population is expected to grow exponentially in the coming years. It is estimated that between 2010 and 2030, 65 and older households in Colorado will increase by 123 percent.¹ Despite this projected increase of Colorado's senior population, the demand for institutional services is predicted to grow very slowly. Despite large increases in the older population from 2000 to 2007, the number of people in nursing homes in the United States remained about the same, at 1.44 million.²

As our population ages, the increase in demand for long term care services in Colorado will not be an increase in demand for nursing home beds. The increase in demand will be for home and community based services that allow Colorado residents to continue living in their current homes, or in other home-like settings.

Already there is evidence of this trend, with long waiting lists for home care in Colorado, while thousands of nursing home beds lie empty. In 2010, Colorado had a 20 percent vacancy rate for nursing home beds.³ At the same time, the Henry J. Kaiser Family Foundation noted that in 2008 only 29,491 individuals received home and community based (HCBS) waivers for individuals who are elderly or have a disability. With a waiting list of 4,307 individuals in 2010, there are still many people waiting for assistance.



Colorado residents don't want to live in nursing homes. Coloradans overwhelmingly prefer to remain in their own homes as long as they can.

Current Long Term Care Funding and Financing

The major source of public long term care funding is the joint federal and state Medicaid program, which pays for nursing home care and a limited amount of home and community based services. Nationally, long term care services of all types accounted for 31.5 percent of total Medicaid expenditures in FY 2010. In Colorado, long term care services of all types accounted for 34 percent of total Medicaid expenditures in FY 2010.⁴ Medicaid has stringent financial eligibility criteria. Individuals do not qualify financially for Medicaid unless they have extremely low assets and income, or have spent almost all of their assets and income to pay for their health care and long term services.

The Medicare program provides a lesser amount of funding for long term care through limited coverage of short stays for rehabilitative care in nursing homes, and some health care services. Medicare, which paid for about 13.2 percent of long term care expenditures in 2010, funds medically necessary home health care, but beneficiaries must be "homebound" and need skilled health care in order to receive this benefit. Medicare also pays for a limited amount of skilled rehabilitative nursing home care for beneficiaries which physician orders for skilled care who have had a prior hospital stay of at least three days.⁵

The majority of long term care services are provided by unpaid family members and friends. In Colorado, an estimated 540,000 Coloradans were providing family care giving to a loved one at home in 2009. In 2009, about 42.1 million family caregivers in the United States provided care to an adult with limitations in daily activities at any given point in time, and about 61.6 million

provided care at some time during the year. These unpaid services had an estimated economic value in the United States of \$450 billion in 2009 (up from an estimated \$375 billion in 2007), which exceeds the value of all *paid* long term care services. To put this number in perspective, \$450 billion is more than the nation's total Medicaid spending in 2009, including both federal and state contributions for both health care and long term care services. In Colorado, the estimated value of unpaid caregiver services in 2009 was \$6.5 billion.⁶

In Colorado, long-term care accounted for 34% of total Medicaid expenditures in FY 2010.

Comparing Costs

According to the 2011 Cost of Care Survey conducted by Genworth Financial, the cost of long term care services provided by nursing homes has steadily increased over the eight years the annual survey has been conducted. From 2005 to 2011, this increase represents a 4.35 percent compound annual growth rate. In contrast, rates charged by home care providers for "non-skilled" services have remained relatively flat.⁷

Medicaid expenditures in Colorado for nursing home care are also escalating. Total Medicaid expenditures for nursing home care in Colorado grew 9.9 percent in FY 2009 and 4.5 percent in FY 2010.⁸

According to Genworth, the median daily rate in Colorado for a nursing home in 2012 was \$231 for a private room (median annual rate of \$84,315) and \$206 for a semi-private room (median annual rate of \$75,190). The median annual cost for a private one-bedroom unit in an assisted living facility was \$44,433 or \$3,703 per month. The median annual cost of receiving 44 hours a week of home care in Colorado in 2012 was \$44,616.⁹

According to a 2011 Thomson Reuters analysis of Colorado's spending on long term care services in 2010, Colorado spent \$573 million on nursing home services, compared to a combined total of \$452 million for home and community based services for older adults and people with physical disabilities. That means the percentage of total public dollars spent on non-institutional long term care services for older adults and people with physical disabilities in Colorado was only 44.1 percent compared to a 55.9 percent that was spent on nursing home services. That analysis compared Colorado with all other states and found that 38 states spend a smaller proportion of their long term care dollars on nursing homes that we do in Colorado.¹⁰

Meeting Consumer Demands While Saving Taxpayer Dollars

The State of Colorado can save taxpayer dollars by rebalancing our delivery of long term care services in the direction that Colorado residents want. Colorado can save money by shifting how the state delivers long term care services away from unnecessary institutionalization and toward the delivery of more long term care services in people's homes or other home-like settings in the community. "Balancing" or "rebalancing" means ensuring that people with long term care needs have access to a variety of services to meet their needs and their preferences for assistance, and are not just sent to nursing homes.

Multiple studies have shown that states that provide a higher proportion of the long term care their residents need through home and community services save money. A 2009 study by the Institute for Health and Aging at the University of California, San Francisco, examined the long term care spending by all states from 1995-2005, and found that states with more extensive home and community based services programs experienced slower total spending growth for long term care than those states that offered only limited home and community based services.¹¹

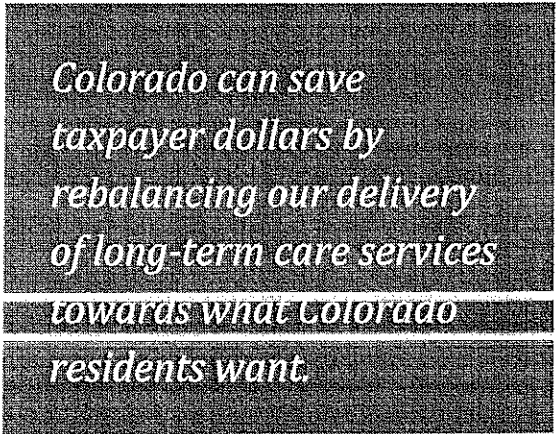
A national analysis published in 2006 compared the costs in 2002 of providing home and community based services under the Medicaid 1915c waiver (which requires participants to have an institutional level of care need) versus providing Medicaid institutional care. That analysis found that the use of HCBS produced an average annual public expenditure saving of \$43,947 per participant.¹² A similar analysis published in 2011 that examined cost data from 2006 found that the use of HCBS that year produced an average annual public expenditure saving of \$57,338 per participant.¹³

Increased Federal Funding for State Rebalancing

For both nursing home and HCBS costs, the federal government provides Medicaid funding that covers a majority share of those costs. For FY 2012, Colorado's federal match for both types of services is 50 percent. In FY 2013, Colorado's federal match rate will also be 50 percent.¹⁴

Opportunities currently exist for Colorado to obtain a higher federal funding match rate by expanding access to home and community based care. As part of the Patient Protection and Affordable Care Act of 2010, Congress established new financial initiatives to facilitate states' expansion of their home and community based services and programs:

- "Money Follows the Person" (MFP) is a federal grant program that allows Medicaid funding to follow a person from an institutional setting to house in the community. Colorado Access to Community-Based Transitions & Services (CO-ACTS) is Colorado's MFP initiative. The CO-ACTS funding helps seniors return to the community to receive long-term care and helps improve the infrastructure of home and community-based services for people of all ages with long-term care needs. The vision of CO-ACTS is to transform long-term care services and support from institutionally based and provider-driven care, to person-centered and community-based care.¹⁵ In February 2011, the Department of Health Care Policy and Financing received a \$22 million grant for the CO-ACTS program.¹⁶
- The State Balancing Incentive Payments Program (BIPP) is a temporary, non-competitive grant program designed to encourage states to balance their Medicaid spending toward HCBS. Qualifying states agree to allocate 50 percent of their total Medicaid long term care dollars toward non-institutional services by October 1, 2015. States must submit a work plan



*Colorado can save
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to develop a single point of entry (SPE) system, a conflict-free case management system, and a core standardized assessment instrument.

- The Community First Choice Option (CFCO) program allows states to expand home and community based services under Medicaid Section 1915k to add a new participant-directed HCBS attendant services benefit. This option can serve individuals with incomes above 150 percent of the federal poverty guideline, who need an “institutional” level of care. Colorado is currently enrolled in this program and receives a federal match increase of 6 percent. This program also gives Colorado additional flexibility to put consumer type activities into the state plan.

As are described in greater detail below, the requirements for these federal programs that incentivize balancing by states of their long term care services reflect in large part the recommendations made for Colorado in the *Olmstead: Recommendations and Policy options for Colorado (2010)*.

Stepping Back a Few Years: We’ve Had this Debate Before

In 1999, the United States Supreme Court issued its landmark ruling in *Olmstead v. L.C.* that state government may not operate programs in a way that unnecessarily forces people with disabilities to live in nursing homes. The *Olmstead* decision was reinforced in 2001, when President Bush signed an Executive Order requiring states to provide community based alternatives for seniors and individuals with disabilities in compliance with the terms of the *Olmstead* decision.

In 2009, Colorado former Governor Bill Ritter signed Executive Order D01109, “Directing the Development of a Strategic Plan to Promote Community Based Alternatives for the Disabled Citizens of Colorado.” The Executive Order directed the Long-Term Care Advisory Committee (LTC Advisory) and the Department of Health Care Policy and Financing (HCPF) to develop long-term policy recommendations to ensure the continued development and improvement of systems designed to support seniors and people with disabilities.¹⁷

In 2010, the LTC Advisory and HCPF engaged with relevant community stakeholders and state agency representatives to create a number of policy recommendations set forth in *Olmstead: Recommendations and Policy Options for Colorado*. The paper recommends policies and actions that will inform clients, family members, advocates and providers about community based housing alternatives/options and address barriers to community based settings and implement recommended solutions to enable people to live in the most integrated settings appropriate for their care needs.¹⁸

Colorado’s long term care system is currently ranked No.7 in the nation according to *Raising Expectations (2011), A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*.¹⁹ Our current system of long term care has positive aspects, but there is clearly room for improvement. The increasing demand for home and community based services in Colorado can be seen as evidence that the consumer market wants a different product: services delivered in Coloradans’ own homes and communities, rather than in facilities. As part of Colorado’s move toward becoming more age-friendly, a practical response from nursing home care providers may be to continue to expand their own portfolios of community based service offerings to better meet market demands.

What Success Looks Like

In 2010, 10.5 percent of Colorado's population was age 65 or older. By 2030, 18.5 percent of Colorado's population is expected to be 65 or older.²⁰

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As Colorado residents grow older, certain features of communities become more important. One aspect of an age-friendly Colorado is the availability of long term care services that are coordinated, affordable and high-quality, that offer consumer choice, and that provide support for family caregivers. In this regard, there is no need to reinvent the wheel. States that have achieved greater success in transforming their long term care systems to give people choice and reduce their reliance on nursing homes share certain characteristics.²¹ They include:

- *Philosophy* – The state's intention to deliver long term care services in the most independent living situation and to expand cost-effective HCBS options guides all other decisions. How a state views quality of life for older adults and people with disabilities, and the importance of participants having a choice in how their services are provided, may be the most important factor in having a balanced long term care system.
- *Array of services* – States that provide a comprehensive array of services designed to meet the particular needs of individuals and to address the needs of people of all income levels are less likely to channel people to institutions than states providing few options.
- *Organization of responsibilities* – Assigning responsibility for overseeing the state's long term care system to a single administrative office, agency or department is a key decision in some of the most successful states.
- *Single entry point* – A considerable body of literature demonstrates the value of having an independent, conflict-free, single point of entry for people to access long term care services. Effective systems that determine eligibility, coordinate services, and monitor quality can support people who have their own resources to pay for services, as well as those who qualify for public programs. A robust system of information, options counseling, and assistance is key.
- *Single appropriation* – This concept, sometimes called "global budgeting," allows states to transfer funds among programs and, therefore, make more timely decisions to facilitate serving people in their preferred setting.
- *Timely eligibility* – Hospitals account for nearly half of all nursing home admissions. When decisions must be made quickly at a time of crisis, state Medicaid programs must be able to arrange for HCBS in a timely manner. Failure to determine timely eligibility for Medicaid HCBS often results in unnecessary nursing home placement. Successful states have implemented procedures that either presume financial eligibility for Medicaid HCBS or fast-track the eligibility determination process.
- *Standardized assessment tool* – Some states use a single tool to assess functional eligibility and service needs, and then develop a person-centered plan of services and supports. A standardized tool helps to minimize differences among care managers and prevent unnecessary institutionalization, and can be used to collect consistent data, leading to better system management.
- *Participant direction* – The growing movement to allow individuals a greater role in determining who will provide them with services, as well as when and how services are delivered, responds to the desire of all people to maximize their choices and control over their lives.

- *Qualified workforce* – A successful state program supports the development of a knowledgeable, culturally competent, highly valued, and competitively compensated long term care workforce.
- *Recognition and support for family caregivers* – Family caregivers are the backbone of the long term care services system and key partners in health care. Person- and family-centered care calls for addressing family needs and integrating family caregivers as partners in care. Providing better and more meaningful supports for family caregivers is essential to the well-being of our long term care system, our health care system, our economy, our workplaces, and our families.²²

New Opportunities for an Age-Friendly Colorado

While health care and long term care services are important, long term care is not all we need to create an age-friendly Colorado.

In 2006, the World Health Organization brought together 33 cities in 22 countries to help determine the key elements of communities that support active and healthy aging. The result was *A Guide for Global Age-Friendly Cities and Communities*, which outlines a framework for assessing the “age-friendliness” of a city or community. In an age-friendly community, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to aging-related needs and preferences;
- respecting individuals’ decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting seniors’ inclusion in, and contribution to, all areas of community life.

The availability of health care and appropriate long term care services that promote consumer independence, choice, dignity, and health and well-being is one essential pillar of an age-friendly community as identified by the World Health Organization. The others are safe and affordable transportation; the availability of outdoor spaces such as parks and other recreational facilities; a wide range of housing options; social participation, inclusion, and multigenerational interaction; paid work and volunteer opportunities; and access to information and communications technology. An “age-friendly” community emphasizes enablement rather than disability: it is friendly for all ages rather than just “elder-friendly.”

An “age-friendly” community emphasizes enablement rather than disability. It is friendly for all ages rather than just “elder-friendly.”

Other new ideas continue to emerge and present additional innovative opportunities for people to stay in their communities and “age in place.” One such example in Colorado include the services provided through the Older Coloradans Act, such as meals on wheels, meals at congregate sites, and ombudsman services in long term care facilities. Recently, AARP Colorado was able to win additional funding for the Older Coloradans Fund from the remaining funds in the budget bill for the Senior Homestead Property Tax Exemption. This funding will help keep seniors at home and independent. While this additional funding will benefit the services provided through the Older Coloradans Act, these services still remain underfunded and are in need to increased assistance. In 2004 the statewide needs

assessment showed a need of \$100 million. Currently Colorado only funds about 10 percent of that. Funding the services provided by the Older Coloradan's Act is an upfront investment in keeping seniors from more costly long-term care options.

A Call to Action for Colorado Policymakers

Colorado policymakers debated the issue of long term care before. There is ample research and data to show what has worked in the past and what has not, how much things cost, and where new opportunities may lie. As our population ages, Colorado will continue to have a need for nursing homes. However, the way for policymakers to plan for the aging of Colorado's population is not to try to figure out how to pay for more nursing home care. Instead, Colorado policymakers should plan for an age-friendly Colorado in which the types of services that our residents will need can be delivered in a cost effective way that provides choices for individuals and their families.

At this juncture in our state's history, it is important not only that Colorado succeed in the design and delivery of our long term care system, but also that we embrace the opportunity to transcend this singular issue to create a more vibrant, age-friendly Colorado. AARP looks forward to working with the Colorado Legislature and Governor John Hickenlooper's administration to achieve this great vision for our great state.

¹ Colorado Health Institute: Long-Term Services and Supports in Colorado, November 2011.

² A. Houser, W. Fox-Grage and M. Gibson, *Across the States 2009: Profiles of Long-Term Care and Independent Living*, AARP Public Policy Institute, page 11. http://assets.aarp.org/rgcenter/il/d19105_2008_atl.pdf

³ *Spending by Service, FY2010*. Kaiser State Health Facts <http://www.statehealthfacts.org>.

⁴ *Spending by Service, FY2010*. Kaiser State Health Facts (See Above).

⁵ AARP Policy Book 2011–2012, Long-Term Services and Supports, Chapter 8, p. 8-6.
http://www.aarp.org/content/dam/aarp/about_aarp/aarp_policies/2011_04/pdf/Chapter8.pdf

⁶ *Long Term Care in Colorado: State Long-Term Care Brief*, AARP Knowledge Management (2009).
http://assets.aarp.org/rgcenter/health/state_ltc_b_09_co.pdf

⁷ *Genworth 2011 Cost of Care Survey*, Genworth Financial Inc. & National Eldercare Referral Systems LLC.
http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.14625.File.dat/2010_Cost_of_Care_Survey_Full_Report.pdf

⁸ *Medicaid Expenditures for Long-Term Services and Supports: 2011 Update*. Thomson Reuters, 31 Oct. 2011.
<http://www.heba.org/files/208/10395/2011LTSSExpenditures-final.pdf>. Appendix B, Table 6.

⁹ *Colorado – State Median: Annual Care Costs in 2012*. Genworth Financial Inc. & National Eldercare Referral Systems LLC.
http://www.genworth.com/content/non_navigable/corporate/about_genworth/industry_expertise/cost_of_care.html

¹⁰ \$452 million total represents the total of \$0 in personal care services, \$187,572,181 in home health services, \$192,160,443 in 1915(c) Waivers for older adults and people with physical disabilities, and \$71,889,624 in Program of All-Inclusive Care for the Elderly (PACE). *Medicaid Expenditures For Long-Term Services And Supports: 2011 Update* (see above); Appendix B, Table 6.

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- ¹¹ H. Kaye, M. LaPlante, and C. Harrington, *Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending?*, *Health Affairs* 28:1, 262-272 (2009).
<http://www.allhealth.org/SCANforum/Mar9Docs/NoninstitutionalLongTermCareServices.pdf>
- ¹² M. Kitchener, T. Ng, N. Miller and C. Harrington, *Institutional and Community-Based Long-Term Care: A Comparative Estimate of Public Costs*. *Journal of Health & Social Policy* 22(2):31-50 (2006).
- ¹³ C. Harrington, T. Ng, and M. Kitchener, *Do Medicaid Home and Community Based Service Waivers Save Money?* *Home Health Care Services Quarterly* 30(4):198-213. (October 2011)
- ¹⁴ *Spending by Service, FY2010*. Kaiser State Health Facts. (See Above.)
- ¹⁵ *Money Follows the Person*. Colorado Department of Local Affairs. <http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251597477710>.
- ¹⁶ *Colorado Receives \$22 Million to Improve Long-Term Care Systems*. Colorado Department of Health Care Policy and Financing. (February 24, 2011).
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251694589384&ssbinary=true>.
- ¹⁷ *OlmStead: Recommendations and Policy Options for Colorado*. Colorado Department of Health Care Policy & Financing. P. 9. (July 2010).
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251742176811&ssbinary=true>
- ¹⁸ *OlmStead: Recommendations and Policy Options for Colorado*. Colorado Department of Health Care Policy & Financing. P. 9. (See Above)
- ¹⁹ S. Reinhard, E. Kassner, A. Houser, and R. Mollica, *Raising Expectations, A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*; AARP's Public Policy Institute, The Commonwealth Fund, and The SCAN Foundation (September 2011)
http://assets.aarp.org/rgcenter/ppi/ltc/lts_scorecard.pdf
- ²⁰ U.S. Census Bureau and Colorado State Demography Office, interim population estimates by age, 2000-2030.
- ²¹ AARP Policy Book 2011-2012, Long-Term Services and Supports, Chapter 8 P. 8-15. (See Above).
- ²² S. Reinhard, L. Feinberg, and R. Choula, *A Call to Action: What Experts Say Needs to Be Done to Meet the Challenges of Family Caregiving*, AARP Public Policy Institute (February 2012).
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